

Idaho Drug Evaluation and Classification Toxicology Form

Date of Evaluation _____ Agency _____

DRE executing the evaluation _____

SUBJECT INFORMATION	
Name – (Last, first, initial)	
DOB:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Medications subject admits taking:	
Illegal drugs subject admits taking:	
DRE Opinion [Check category(ies)]: <input type="checkbox"/> CNS Depressants <input type="checkbox"/> CNS Stimulants <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Dissociative Anesthetics <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Inhalants <input type="checkbox"/> Cannabis	
Breath Alcohol Results	

DRUG CHECKLIST			
Test For:	Category	Present	None Detected
<input type="checkbox"/>	CNS Depressants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CNS Stimulants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dissociative Anesthetics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Narcotic Analgesics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inhalants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
Present – Indicates that the drug or its analyte was found above the detection limit.			
None Detected – Indicates that no drug or its analyte was found above the detection limit.			

Positive Drug Results
Drug Name(s):
Other Comments:
<input type="checkbox"/> Screened positive for _____
<input type="checkbox"/> Unable to confirm
Please note not all substances are detectable or testable in urine.

FOR FORENSIC LABORATORY USE ONLY:

I certify that I received the specimen(s) in the Idaho State Police Forensic Laboratory and there was no evidence that the specimen was opened or otherwise tampered with.

Signature _____ Date _____ Laboratory Number _____